



49 U.S.C. Section 5310 Program

Enhanced Mobility for Seniors and Individuals with Disabilities
for a Non-Profit or Regional Transportation Authority

FTA 5310 Subrecipient Application

Deadline to Apply: June 12, 2026 by 12noon HST

NOTE: Please complete all sections of this application. Application packages with incomplete and/or missing information will not be considered.

Agency Name: _____ UEI No: _____

Physical Address: _____

City: _____ County: _____ Island: _____ Zip Code: _____

Contact Person: _____
(Project Manager)

Phone: _____ Fax: _____ E-mail Address: _____

Check Area Project Application to Serve:

Urbanized Area

Oahu

Rural Area

Island of Hawaii

Island of Molokai

Island of Lanai

Island of Kauai

Island of Maui

Small Urbanized Area

Kailua – Kaneohe

Kahului

TOTAL GRANT AMOUNT REQUESTED

Federal Share (80% Grant Fund)\$ _____

Local Share (20% Applicant Match)\$ _____

Check this box if more than one (1) vehicle is included in the total estimated cost of projects below.

Estimated Total Cost of Project(s).....\$ _____

Authorized representative certifying the information contained in this application is true and accurate:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

Applications must be transmitted to the attention of the following before the deadline:

Honolulu Department of Transportation
Statewide Transportation Planning Office
ATTN: 5310 Program Manager
200 Rodgers Boulevard
Honolulu, Hawaii 96819

Fax: (808) 831-7995 or Email: dotstp@hawaii.gov

Please also include an electronic copy of your complete application package on a flash drive or via email to 5310 program manager.

NOTE: While this 5310 application is available for your use, applications will NOT be accepted prior to the Spring 2024 public solicitation date.

1. General Information – Applicant’s Information

Name of Applicant Organization:

Address:

City:

State:

Zip Code:

Authorizing Representative and Title:

Name:

Title:

Telephone:

Fax:

Email:

Website:

Type of Business: (choose one)

Non-Profit Organization

Government Entity or Regional Transportation Authority (RTA)

Transportation Provider (Private or Public)

Previous Section 5310 Funding: (check one)

Applicant Organization has received Section 5310 funds in the past. If yes, provide the last Fiscal year the Section 5310 Project was awarded.

Applicant Organization has never received Section 5310 funding.

Service Area: Choose one option that best describes the population size of the total service area.

Population less than 50,000 - Non-Urbanized Area

Population between 50,000 - 199,999 - Urbanized Area

Population equal to or greater than 200,000 - Urbanize Area

2a. Applicant Organizational Structure

Describe the overall structure of your organization. If available, provide an Organization Chart.

Number of Employees: (The number and type of your employees.)

___ Full-Time

___ Part-Time

___ Volunteer

___ Contract

___ Other (describe):

___ Other (describe):

Service Years: (Identify the number of years your organization has been in business and service years.)

___ year(s) Applicant Organization has been in business

___ year(s) transportation services were provided

___ year(s) transportation services were provided for the elderly and/or disabled

2b. Applicant Organization's Transportation Management Information

Describe the organization's experience in providing transportation services for the elderly and/or disabled individuals.

Transportation Human Resources (Describe the employee position(s) your agency utilizes for transportation operations and management, roles and responsibilities, and number of hours performed by each per week.)

3a. Transportation Information – Driver Selection and Training

Check all items that you require of or consider in hiring your drivers.

- Verify driver credentials and records
- Physical examination
- Drug and alcohol testing
- Driver training
- Driver experience
- CDL
- Other (describe):

Check all training areas that your organization provides to your drivers.

- Vehicle driving
- Vehicle use
- Vehicle equipment use, including ADA equipment
- Ambulatory client vehicle assistance
- Non-ambulatory client vehicle assistance
- Service program that transportation is provided for
- Vehicle pre- and post-trip check procedures
- Vehicle maintenance and repair procedures
- Vehicle accident procedures
- Other (describe)

3b. Transportation Information – Vehicle Maintenance

Check all items your organization requires for the maintenance of company vehicles.

- Employee(s) are assigned to provide for vehicle maintenance
- Vehicle regular maintenance policy
- Vehicle preventive maintenance policy
- Vehicle pre- and post-trip vehicle checklists
- Vehicle unscheduled maintenance policy
- Other (explain)

Repair & Maintenance (Provide the name of repair and maintenance agencies that you use to service your vehicle fleet. If your repair and maintenance are done in-house, indicate so.)

1. Chassis Repair and Maintenance Service

2. Body Repair & Maintenance Service

3. Lift/Ramp/Gurney Equipment Repair & Maintenance Service

3c. Transportation Services

Coordinated Transportation Services (Describe your existing efforts in coordinating your transportation programs or services with other public, private service agencies and paratransit agencies. Describe benefits gained from this coordination effort, and any plans to expand your coordinated services.)

Transportation Service Changes (Describe any changes to your transportation services comparing past to current, reason for change, its impacts and future plans.)

3d. Transportation Information – List All Non-FTA and FTA-Funded Vehicles In Your Fleet (repeat this page as necessary)

Applicant Organization Name:

Year	Make	Model	License Plate #	VIN	Odometer Reading	Seating Capacity	W/C Lift or Ramp	# of W/C Tiedown	Program Name	5310 Yes/No

4a. Applicant Organization's Non-Transportation Programs - (describe one program)

Program Name:

1. Program Description – Type of Service Provided

2. Client Type & Characteristics

Elderly and/or Persons with Disabilities (describe) Other (describe)

3. Days & Hours of Program Operation

Monday:	:	am	~	:	pm	Friday:	:	am	~	:	pm
Tuesday:	:	am	~	:	pm	Saturday:	:	am	~	:	pm
Wednesday:	:	am	~	:	pm	Sunday:	:	am	~	:	pm
Thursday:	:	am	~	:	pm						

4. Average Number of Clients Served by the Program per Month

per month

5. Additional Information (attach a separate sheet if necessary)

is attached: YES NO

4b. General Information – Applicant Organization’s Transportation Programs – (describe one program per page and repeat this page as necessary)

Program Name:

1. Describe the Program’s Transportation Service:

2. Client Type & Characteristics:

Elderly and/or Persons with Disabilities

Other - describe

3. Days & Hours of Program Operation:

Monday:

Tuesday: : am ~ : pm

Wednesday: : am ~ : pm

Thursday: : am ~ : pm

 : am ~ : pm

Friday:

Saturday: : am ~ : pm

Sunday: : am ~ : pm

 : am ~ : pm

4. Average Number of Clients Served by the Program per Month:

per month

5. Additional Information (attach a separate sheet if necessary):

is attached: YES

NO

5a. Project Information – Project Use (describe for each vehicle). To apply for multiple vehicles complete and attach additional copies of these required responses in this section separately for each vehicle.

Identify the program for which the vehicle will be used.

Program Name:

1a. Projected Monthly Primary Use

	Projected Unduplicated Riders	Projected Single Trips
Elderly Non-Disabled		
Non-Elderly Disabled		
Elderly Disabled		
Total		

1b. Describe the Primary Use of the vehicle you are applying for.

2a. Projected Monthly Incidental Use:

	Projected Unduplicated Riders	Projected Single Trips
Non-Elderly Non-Disabled (clients of organization)		
Staff/Volunteer/Other		
Total		

2b. Describe the Incidental Use and how it will not affect the Primary Use of the transportation of the elderly and/or disabled.

3. Projected Monthly Percentages of Usage:

	Projected Unduplicated Riders	Projected Single Trips
Primary Use	%	%
Incidental Use	%	%

4. Transportation Service Area:

5. Transportation Service Benefits:

6. Passenger Fees or Fares per Single Trip:

7. Select the ALI and Scope Code(s), if known:

Pick One	Activity Description	Activity Code	Activity Type	FTA Program
	buy <30' bus for replacement	11.12.04	Capital	5310
	buy van for replacement	11.12.15	Capital	5310
	buy bus for expansion	11.13.04	Capital	5310
	buy van for expansion	11.13.15	Capital	5310

Pick One	Scope Description	Scope Code	Scope Type	FTA Program
	Bus Rolling Stock	111-00	Capital	5310
	Other Capital Items (Bus)	117-00	Capital	5310
	5310 Projects	641-00	Other	5310

5b. Project Information – Project Need (describe for each vehicle). To apply for multiple vehicles complete and attach additional copies of these required responses in this section separately for each vehicle.

Describe the need and justification for the vehicle, how needs are determined and how the vehicle will address the needs.

5c. Project Information – Project Benefits and Sustainability (describe for each vehicle). To apply for multiple vehicles complete and attach additional copies of these required responses in this section separately for each vehicle.

Describe the benefits to be gained by the program, applicant organization, public, community, government, elderly clients, disabled, non-elderly/disabled clients, economy etc.

Describe the deficiencies and shortcomings to the program's existing and future services, or other negative outcomes that may arise should the project not be awarded.

5d. Project Information – Vehicle Description (describe for each vehicle). To apply for multiple vehicles complete and attach additional copies of these required responses in this section separately for each vehicle.

Please select the vehicle type:

Vehicle Type	Seating Capacity (Including Driver)	No. of Wheelchair Position(s)	Select Vehicle Type (Check One Only)
Minivan	6	0	<input type="checkbox"/>
Minivan	6	1	<input type="checkbox"/>
Modified Raised Roof Van (Mid Roof)	10	2	<input type="checkbox"/>
Cutaway Van	14	3	<input type="checkbox"/>
Unmodified Raised Roof Van (Mid Roof)	14	N/A	<input type="checkbox"/>

Please select the fuel or engine type:

Fuel or Engine Type	Select Fuel or Engine Type (Check any or all preferred alternatives)
Gasoline	<input type="checkbox"/>
Diesel	<input type="checkbox"/>
Electric Battery	<input type="checkbox"/>
Electric Fuel Cell	<input type="checkbox"/>
Hybrid Electric	<input type="checkbox"/>
Hybrid Plug-in	<input type="checkbox"/>

A. Total Estimated Vehicle Cost	\$.
B. Federal Funds Requested – maximum amount is 80% of A	\$.
C. Applicant Organization Share – A minus B (must be at least 20% of Total Project Cost)	\$.

Source of Share Cost: Identify the source of your organization's share. Funds must be available before the project is awarded to the vendor.

Vehicle Use (check one only)

- Replacement: The vehicle will be used to replace a similar vehicle in an existing transportation service program.
 - Provide the license plate number of the proposed motor vehicle to be replaced:
 - If the proposed vehicle to be replaced is FTA-funded, has a Vehicle Disposal or Vehicle De-obligation Application been submitted to the department? Yes No
 - If so, provide date.
- Expansion: The vehicle will be used for an existing transportation service and will provide additional transportation service to this program.
- New Service: The vehicle will be used for a new transportation service for a new program or a program that does not currently have transportation service.

6. Financial Information

Financial Statement - Provide and attach for the current or most recent period and two previous years. These statements will be used to review financial stability and sustainability.

Fluctuations in Revenue and Income - If fluctuations in estimated revenue or expenses vary or are expected to vary over the next two years, provide the reasons for the anticipated or actual fluctuations and how such fluctuations will affect the program's financial stability and sustainability.

7. Legal Information

Legal Resource (check one)

- The Applicant Organization has legal counsel
- The Applicant Organization does not have legal counsel

8. Coordinated Services Requirements

Non-Duplication of Transportation Services (check one) (Your organization is prohibited from providing any duplication of services to the elderly and/or disabled community unless there is an unmet need for such transportation service). The application must include at least:

- Letters from public, private and para-transit operators within the Applicant Organization's transportation service area notifying the Department indicating that their current and near future operations do not provide similar services proposed in the application.
- Efforts of notification to public, private and paratransit operators with similar transportation services within the Applicant Organization's transportation service area. Please provide:
- Copies of public notice in area newspapers with written comments from other transportation providers indicating that your current and near future transit services are not similar; and/or
 - The date and name of transportation providers contacted indicating that your current and near future transit services are not similar.

Private Non-Profit Organizations: Provide the following:

- Copy of current Annual Domestic Non-Profit Corporation Exhibit or Non-Profit Status Letter from the Internal Revenue Service; and
- Copy of Incorporation Documentation

Government Agencies: Certify that public entity does not provide same transportation services provided by private or para-transit operators.

- Signed letter by the Director of the Government Agency and the Mayor of the County certifying that no other public, private or para-transit operator is willing and able to provide the transportation service of the Applicant Organization.

Title VI of the Civil Rights Act of 1964

- Signed Title VI of the Civil Rights Act of 1964 assurance.

Nondiscrimination on the Basis of Handicap as Required by 49 CFR Part 27

- Signed Nondiscrimination on the Basis of Handicap as Required by 49 CFR Part 27 assurance.

9. Other Federal Requirements

Current or Proposed Vehicle Maintenance Plan (check one) (Your organization is required to establish vehicle maintenance procedures which include establishment and ongoing compliance with a vehicle maintenance plan, a preventative maintenance plan, maintenance and repair records, and pre-trip and post-trip reports of FTA-funded vehicles). The application must include at least*:

Vehicle Maintenance Plan* (check one):

- Existing Vehicle Maintenance Plan
- Proposed Vehicle Maintenance Plan
- Commitment to provide a Vehicle Maintenance Plan within 90 days of vehicle delivery

Preventative Maintenance Checklist* (check one):

- Existing Preventative Maintenance Checklist
- Proposed Preventative Maintenance Checklist
- Commitment to provide a Preventative Maintenance Checklist within 90 days of vehicle delivery

Pre-trip Inspection Report* (check one):

- Existing Pre-trip Inspection Report
- Proposed Pre-trip Inspection Report
- Commitment to provide a Pre-trip Inspection Report within 90 days of vehicle delivery

Post-trip Inspection Report* (check one):

- Existing Post-trip Inspection Report
- Proposed Post-trip Inspection Report
- Commitment to provide a Post-trip Inspection Report within 90 days of vehicle delivery

*Please note that these items are required if you CURRENTLY own and operate FTA-funded vehicles. Otherwise, an example must be provided to demonstrate intent to comply. (format may be blank)

10. Certifying Authority

I am duly authorized to make the following certification on behalf of the Applicant Organization and based on my position, knowledge and experience with the Applicant Organization:

- 1) the information contained in the Application, including attachments, is true and correct;
- 2) the Applicant has the requisite fiscal, managerial, and legal capabilities to carry out the operations and maintenance of the Project in accordance with 40 U.S.C. Section 5310; and
- 3) the Applicant shall adhere to the federal, state and local requirements related to the Project.

Signature Title

Executed on _____ at _____
Date City/County and State

10. Certification of Coordinated Services



**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
200 RODGERS BOULEVARD
HONOLULU, HAWAII 96819-1812**

Certification of Coordinated Services

The Coordinated Public Transit – Human Services Transportation Plan is required by the Federal Transit Administration (FTA) to identify eligible projects for funding under the Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310) Program. This coordinated plan maximizes the 5310 program collective coverage by minimizing duplication of services.

The undersigned certifies, to the best of his or her knowledge and belief, that in providing effective and efficient use of Section 5310 federal assistance, similar services for transporting the elderly or disabled are not being provided by another organization serving the same service area.

To that effect, the following verification and proof of nonduplication of transportation services is provided:

(1) The Applicant acknowledges that the following transportation services are provided to the elderly and disabled: (select all that apply)

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Fixed Route | <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Demand Response | <input type="checkbox"/> Private Transportation | Specify _____ |

(2) The Applicant has included geographic location information for the service areas or riders : (see attachment)

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Bus Lines/Service Area Map | <input type="checkbox"/> Bus Schedules/Stops List | <input type="checkbox"/> Other |
| <input type="checkbox"/> Geocoded Addresses/Map | <input type="checkbox"/> Demand Response Call List | Specify _____ |

(3) The Applicant does not have a subcontractor applying for 5310 program funds in the same fiscal year: (Select one)

- True False Unknown (attach a list of current subcontractors)

Applicant Name: _____

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

11. Title VI of the Civil Rights Act of 1964 Assurance of Compliance



**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
200 RODGERS BOULEVARD
HONOLULU, HAWAII 96819-1812**

**Title VI of the Civil Rights Act of 1964
Assurance of Compliance**

Name of Applicant Organization: _____

Hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (Public Law 88-352) and all requirements imposed by the United States Department of Transportation (USDOT), to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color or national origin, be excluded from participation, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant Organization receives Federal financial assistance from the Section 5310 Program; and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

If any personal property is so provided this assurance shall obligate the Applicant Organization for the period during which it retains ownership or possession of the property. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant Organization by the USDOT under the Section 5310 Program, this assurance shall obligate that the Applicant Organization, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provisions of similar services or benefits. In all other cases, this assurance shall obligate the Applicant Organization for the period during which the Federal financial assistance is extended to it by the USDOT 49 U.S.C. Section 5310 Program.

This assurance is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the Applicant Organization by the USDOT under the 49 U.S.C. Section 5310 Program. The Applicant Organization recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant Organization; its successors, transferees, and assignees. The person or persons whose signatures appear below are authorized to sign assurance on behalf of the Applicant Organization.

Signed by: _____ Date: _____

Print Name: _____

Title: _____

12. Standard Assurance with Regard to Non-discrimination as Required by 49 CFR Part 27



**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
200 RODGERS BOULEVARD
HONOLULU, HAWAII 96819-1812**

**Standard Assurance with Regard to
Nondiscrimination as Required by 49 CFR Part 27**

Name of Applicant Organization: _____

Pursuant to the requirements of Section 504 of the Rehabilitation Act of 1973(29 U.S.C. 794) the aforementioned Applicant Organization in desiring to avail itself of Federal financial assistance from the United States Department of Transportation (USDOT), hereby gives assurance that no qualified handicapped person shall, solely by reason of his or her handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination, including discrimination in employment, under any program or activity that receives or benefits from Federal financial assistance provided by the USDOT 49 U.S.C. Section 5310 Program.

The Applicant Organization further assures that its programs will be conducted, and its facilities operated, in compliance with all the requirements imposed by or pursuant to 49 CFR Part 27.

The person or persons whose signatures appear below are authorized to sign the assurance on behalf of the Applicant Organization.

Signed by: _____ Date: _____

Print Name: _____

Title: _____

13. Certification of Equivalent Service



**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
200 RODGERS BOULEVARD
HONOLULU, HAWAII 96819-1812**

Certification of Equivalent Service

The applicant certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to [Response Time, Fares, Geographic Service Area, Hours and Days of Services, Restrictions on Trip Purpose, Availability of Information and Reservation Capability and Constraints on Capacity and Service Availability](#).

Purchase or lease of new non-rail vehicles by public entities operating a demand responsive system for the general public. Except as provided in this section, a public entity operating a demand responsive system for the general public making a solicitation after August 25, 1990, to purchase or lease a new bus or other new vehicle for use on the system, shall ensure that the vehicle is readily accessible to and usable by individuals with disabilities, including individuals who use wheelchairs.

If the system, when viewed in its entirety, provides a level of service to individuals with disabilities, including individuals who use wheelchairs, equivalent to the level of service it provides to individuals without disabilities, it may purchase new vehicles that are not readily accessible to and usable by individuals with disabilities.

In accordance with [49 CFR 37.77](#), a public entity receiving FTA funds under 49 U.S.C. 5311 or a public entity in a small urbanized area which receives FTA funds under 49 U.S.C. 5307 from a state administering agency rather than directly from FTA, which determines that its service to individuals with disabilities is equivalent to that provided other persons shall, before any procurement of an inaccessible vehicle, file with the appropriate state program office a certificate that it provides equivalent service meeting the standards of paragraph (c) of this section. Public entities operating demand responsive service receiving funds under any other section of the FT Act shall file the certificate with the appropriate FTA regional office. A public entity which does not receive FTA funds shall make such a certificate and retain it in its files, subject to inspection on request of FTA. All certificates under this paragraph may be made and filed in connection with a particular procurement or in advance of a procurement; however, no certificate shall be valid for more than one year. A copy of the required certificate is found in appendix C to this part. The waiver mechanism set forth in § 37.71(b)-(g)(unavailability of lifts) of this subpart shall also be available to public entities operating a demand responsive system for the general public.

Applicant Name: _____

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

14. Certification and Restrictions on Lobbying



**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
200 RODGERS BOULEVARD
HONOLULU, HAWAII 96819-1812**

Federal Requirement

I, _____ hereby certify
(Name and title of official)
On behalf of _____ that:
(Name of Bidder/Company Name)

- No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- If any funds other than federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.
- The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C. Section 3801, et seq., are applicable thereto.

Certification

Applicant Name: _____

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

15a. Disclosure of Lobbying Activities



**STATE OF HAWAII DEPARTMENT
OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
200 RODGERS BOULEVARD
HONOLULU, HAWAII 96819-1812
Federal Requirement**

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year <input type="text"/> quarter <input type="text"/> date of last report <input type="text"/>	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: <input type="text"/> Congressional District, if known:			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency: <input type="text"/>			7. Federal Program Name/Description: CFDA Number, if applicable: _____		
8. Federal Action Number, if known: <input type="text"/>			9. Award Amount, if known: \$ <input type="text"/>		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): <input type="text"/>		b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): <input type="text"/>			
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: <input type="text"/> Print Name: <input type="text"/> Title: _____ Telephone No.: _____ Date: <input type="text"/>			
Federal Use Only:			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

15b. Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities



**STATE OF HAWAII DEPARTMENT
OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
200 RODGERS BOULEVARD
HONOLULU, HAWAII 96819-1812
Federal Requirement**

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.